

Dept. Health,
Welfare
Public
Health Service

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47639
STATE FILE NUMBER
12398

Registration District No. 318 Primary Registration District No. 1003

V. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock hill 4631		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 27 9735 Stanley Ave		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD WESLEY REED			4. DATE OF DEATH Month Day Year DECEMBER 24, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 13, 1920	9. AGE (In years, Months, Days) 37 8 11	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Insurance Broker		11. BIRTHPLACE (City and state or country) St. Louis	
10c. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wesley Y. Reed		13b. MOTHER'S MAIDEN NAME Myrtle Sanden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Wesley Y Reed 9735 Stanley Ave.	
14. NAME OF HUSBAND OR WIFE -----		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>KIMMELSTEIL-WILSON DISEASE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>DIABETES MELLITUS</u> DUE TO (c) <u>260x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>DEC. 18, 1957</u> to <u>DEC. 24, 1957</u> and last saw ^{her} _{him} alive on <u>DEC. 24, 1957</u> Death occurred at <u>5:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. D. Veimillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/26/56	23c. NAME OF CEMETERY OR CREMATORY Laural Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR <i>Kearis H. Bopp Inc. 131 W. Argonne</i>		ADDRESS <i>Hickwood, Mo.</i>		25. DATE RECD. BY LOCAL REG. DEC 26 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ~~Student Embalmer No.~~ working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Francis J. Woodland Jr*

Licensed Embalmer No. *4512*

P. O. Address *Highwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.